



809 Elm Street Suite 1200  
Alexandria, MN 56308  
800.450.4177 | 320.763.6018  
Fax: 320.763.4127 | 888.229.2347  
**horizonpublichealth.org**

## License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

**Applicants Minnesota Tax ID number:**

- The MN tax ID number must be issued in the same legal name of the licensee below.

License number

Period covered

Date of issuance

**Cigarettes/tobacco products will be sold** (a separate license is required for each location or vending machine):

☐ Over the counter ☐ Through vending machine ☐ Both

### ESTABLISHMENT INFORMATION

Licensee's legal name:			Federal employer ID number (FEIN):
Business trade name (doing business as):		County:	Daytime phone:
Complete address of business location (permit location):	City/State:	Zip:	Other phone:
Mailing Address: Street/PO Box	City/State:	Zip:	Fax number:
Email address:			

### Type of legal organization (check one):

- ☐ Sole proprietor ☐ Minnesota corporation: Enter date of incorporation:  
☐ Partnership ☐ Out-of-state corporation: State of incorporation  
☐ Other (describe) Are you registered to do business in Minnesota?

### Corporate officers or partners (attach a list if necessary):

Name:	Title:		
Address:	City/State:	Zip:	
Name:	Title:		
Address:	City/State:	Zip:	

### As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes only from a Minnesota distributor or sub jobber who holds a license with the Minnesota Department of Revenue.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

### Signatures:

**Licensee signature:** Title: Print Name: Date: Daytime Phone:

**Licensing agent's signature:** Title: Print Name: Date: Daytime Phone:  
Director Ann Stehn 320-762-3003

Revised 10.24.2023

**Douglas County**  
809 Elm Street Suite 1200  
Alexandria, MN 56308

**Grant County**  
15 Central Ave N, PO Box 191  
Elbow Lake, MN 56531

**Pope County**  
10 1st Street NE  
Glenwood, MN 56334

**Stevens County**  
10 E Hwy 28  
Morris, MN 56267

**Traverse County**  
202 8th Street N, PO Box 23  
Wheaton, MN 56296

## WORKER'S COMPENSATION INSURANCE COVERAGE LAW

Minnesota Statute 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181 Subd 2. The information required is: name of the insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 Subd 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

<b>Worker's Compensation Insurance Company Name:</b>	<b>Policy Number:</b>	<b>Dates of Coverage From:</b>  <b>To:</b>
<b>OR, I certify that I am not required to carry workers' compensation insurance because (check one):</b> <input type="checkbox"/> I am the sole proprietor and have no employees. <input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure) <input type="checkbox"/> I have no employees who are covered by workers' compensation law. (Exempt employees include: spouse, parents, and children – all other employees must be covered; see Minnesota Statute 176 for a complete list of excluded employees.)		

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Horizon Environmental Health. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:  
HORIZON PUBLIC HEALTH  
809 Elm Street Suite 1200  
Alexandria, MN 56308**

<b>FOR OFFICE USE ONLY:</b> Date Paid: _____ Check #: _____ Amount: _____ Received by: _____	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Insp. Initials _____ Risk Level: H M L
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